

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

RECEIVED

FEB 15 2022

| | |
|--------------|------------------|
| Permit #: | 22-0523 |
| Date: | 2-16-2022 |
| Amount Paid: | \$175.00 1-21-22 |
| Other: | |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted. FILL OUT IN INK (NO PENCIL)

| | | | | | | | |
|--|--|-----------------------------------|--------------------------------|--|---|---|-----------------------------------|
| TYPE OF PERMIT REQUESTED | <input type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE | <input checked="" type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name: | ERICK ROWE | | Mailing Address: | 1326 OSPEY RIDGE LOOP | | City/State/Zip: | LOGO VILLAGES TX. 78645 |
| Address of Property: | 7720 SPIDER LAKE RD. | | City/State/Zip: | IRON RIVER, WI. 54847 | | Telephone: | |
| Email: (print clearly) | ERICK. ROWE @ GMAIL. COM | | | | | | |
| Contractor: | | | Contractor Phone: | | | Plumber: | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Karl Kastrosky | | Agent Phone: | 715-380-0157 | | Agent Mailing Address (include City/State/Zip): | 14295 McNaught Rd Cable, WI 54821 |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) | | Tax ID# | 19506 | | Recorded Document: (Showing Ownership) | 2022 593101 |
| SW 1/4, NW 1/4 | Gov't Lot | Lot(s) | CSM | Vol & Page | CSM Doc # | Lot(s) # | Block # |
| | 243 | 1 | 567 | 4 141 | | | |
| Section | 19 | | Township | 47 N, Range | | 8 W | |
| | | | Town of: | Iron River | | Lot Size | Acres |
| | | | | | | | 1.25 |

| | | | | |
|---|---|--|--|---|
| <input checked="" type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : 75 feet | Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| | | | | | | |
|---|---|--|--|---------------------------------------|---|--|
| Value at Time of Completion * include donated time & material | Project | Project # of Stories | Project Foundation | Total # of bedrooms on property | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property? | Type of Water on property |
| \$135,000 Assessed | <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input checked="" type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> Slab | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: 163883 | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | | | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | | Use | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | | <input checked="" type="checkbox"/> Year Round | | <input type="checkbox"/> Compost Toilet | |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|--|------------|-----------|------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: 70 | Width: 63 | Height: 18 |
| Proposed Construction: (overall dimensions) | Length: | Width: | Height: |

| | | | | |
|---|--|--|------------|----------------|
| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| <input type="checkbox"/> Commercial Use | | with a Deck | (X) | |
| | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (explain) | (X) | |
| | <input type="checkbox"/> | Accessory Building (explain) | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (explain) | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) | (X) | |
| | <input checked="" type="checkbox"/> Other: (explain) SHORT TERM RENTAL | (63 X 70) | 4410 | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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Date

Date 2/15/2022

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL

SEE ATTACHED MAPS FOR LOCATIONS

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

| Description | Setback Measurements | | | Description | Setback Measurements | |
|--|----------------------|------|--|---|---|------|
| | | | | | | |
| Setback from the Centerline of Platted Road | 70 | Feet | | Setback from the Lake (ordinary high-water mark) | 75 | Feet |
| Setback from the Established Right-of-Way | 46 | Feet | | Setback from the River, Stream, Creek | — | Feet |
| | | | | Setback from the Bank or Bluff | — | Feet |
| Setback from the North Lot Line | 75 | Feet | | | | |
| Setback from the South Lot Line | 46 | Feet | | Setback from Wetland | — | Feet |
| Setback from the West Lot Line | 80 | Feet | | 20% Slope Area on the property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Setback from the East Lot Line | 130 | Feet | | Elevation of Floodplain | — | Feet |
| | | | | | | |
| Setback to Septic Tank or Holding Tank | 10 | Feet | | Setback to Well | 51 | Feet |
| Setback to Drain Field | 35 | Feet | | | | |
| Setback to Privy (Portable, Composting) | N/A | Feet | | | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: **ALL** Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

| | | | | |
|--|---|---|---------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: 163883 | # of bedrooms: 3 | Sanitary Date: 7-16-91 |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 22-0022 | | Permit Date: 8-16-2022 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Case #: | | Case #: | | |
| Was Parcel Legally Created | | Were Property Lines Represented by Owner | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Was Proposed Building Site Delineated | | Was Property Surveyed | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Inspection Record: | | Zoning District (R1) | | |
| Existing house proposed STR. Application originally came in under Rowoldt with the STR request as a contingency for the sale of the property. Class - A has STR request specifying the Permit is | | Lakes Classification (2) | | |
| Date of Inspection: 1-19-22 | | Inspected by: Todd Norwood | | |
| Date of Re-Inspection: | | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | |
| Short-term rental approved for 3 bedrooms based on existing septic system size. Must obtain a tourist room housing license prior to renting. | | | | |
| Signature of Inspector: Todd Norwood | | | | Date of Approval: 2-15-22 |
| Hold For Sanitary: <input type="checkbox"/> | | Hold For TBA: <input type="checkbox"/> | | Hold For Affidavit: <input type="checkbox"/> |
| Hold For Fees: <input type="checkbox"/> | | <input type="checkbox"/> | | |

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Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JAN 18 2022

Bayfield Co.
Planning and Zoning Agency

| | |
|--------------|---------------------------------|
| Permit #: | |
| Date: | |
| Amount Paid: | \$175 SPECIAL USE - 1-21-22 JIG |
| Other: | |
| Refund: | |

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FILL OUT IN INK (NO PENCIL)

| | | | | | | | | | | | | | | | |
|--|--|---|--|-----------------------------------|--|---|--|--|--|---|--|---------------------------------|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED | | <input type="checkbox"/> LAND USE | | <input type="checkbox"/> SANITARY | | <input type="checkbox"/> PRIVY | | <input type="checkbox"/> CONDITIONAL USE | | <input checked="" type="checkbox"/> SPECIAL USE | | <input type="checkbox"/> B.O.A. | | <input type="checkbox"/> OTHER | |
| Owner's Name: TIFFANY ROWLAND | | Mailing Address: 1846 N LINCOLN AVE CHICAGO, IL 60640 | | | | City/State/Zip: CHICAGO, IL 60640 | | | | Telephone: 312 498-9976 | | | | | |
| Address of Property: 7720 SPIRER LK RD | | City/State/Zip: IRON RIVER, WI 54847 | | | | | | | | Cell Phone: 312 498-9976 | | | | | |
| Email: (print clearly) ACTY0403-1@YAHOO.COM | | | | | | | | | | | | | | | |
| Contractor: | | Contractor Phone: | | | | Plumber: | | | | Plumber Phone: | | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) PAUL BASTOSKY | | Agent Phone: 715 580-0157 | | | | Agent Mailing Address (include City/State/Zip): CADIZ, OH 44821 | | | | Written Authorization Required (for Agent) | | | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | | | Tax ID# 19506 | | | | Recorded Document: (Showing Ownership) 20136 550200 | | | | | |
| SW 1/4, NW 1/4 | | Gov't Lot 243 | | Lot(s) 1 | | CSM 567 | | Vol & Page 4 141 | | CSM Doc # | | Lot(s) # | | Block # | |
| Subdivision: | | | | | | | | | | | | | | | |
| Section 19, Township 47 N, Range 8 W | | Town of: IRON RIVER | | | | Lot Size | | | | Acreage 1.25 | | | | | |

| | | | | |
|---|---|--|--|---|
| <input checked="" type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline: _____ feet | Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| | | | | | | | | |
|---|---|--|--|---------------------------------|--|---|---------------------------|--|
| Value at Time of Completion * include donated time & material \$135,000 | <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Basement | Total # of bedrooms on property | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property? | | Type of Water on property | |
| | <input type="checkbox"/> Addition/Alteration | <input checked="" type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | | <input type="checkbox"/> City |
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| | <input type="checkbox"/> Relocate (existing bldg) | | | | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: 163883 | | |
| | <input type="checkbox"/> Run a Business on Property | | Use | | <input type="checkbox"/> None | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | | |
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| | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | | |
| | | | | | | <input type="checkbox"/> None | | |

| | | | |
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| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (explain) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (explain) _____ | (X) | |
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| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
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| | | | | |
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| | | | | |
|---|---|--|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: 163 883 | # of bedrooms: 3 | Sanitary Date: 7-16-91 |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: | | Permit Date: | | |
| Is Parcel a Sub-Standard Lot | <input checked="" type="checkbox"/> Yes (Deed of Record) | <input type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Case #: | | Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: | Existing house for proposed STR. | | | Zoning District (R1) |
| Date of Inspection: 1-19-21 | Inspected by: Todd Norwood | Lakes Classification (2) | | |
| Date of Re-Inspection: | | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | |
| Short-term rental approved for 3-bedrooms based on existing septic system size. Must obtain a tourist room housing license prior to renting. | | | | |
| Signature of Inspector: Todd Norwood | | | | Date of Approval: 1-27-22 |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 - Washburn, WI 54891
Phone - (715) 373-6138
Fax - (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:

www.bayfieldcounty.org/147

Date Zoning Received (Stamp Here)

JAN 18 2022

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a Class A special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner Tiffany N Rowoldt

Contractor _____

Property Address 1846 7720 Spidee Lk Rd

Authorized Agent Karl Kastrosky

Iron River, WI 54847

Agent's Telephone 715-580-0157

Telephone 312-498-9976

Written Authorization Attached: Yes ☒ No ☐

Accurate Legal Description involved in **this request** (specify **only** the property involved with this application)

SW 1/4 of NW 1/4, Section 19, Township 47 N., Range 8 W. Town of Iron River

Govt. Lot 223 Lot 1011 Block _____ Subdivision _____

CSM# 547

Volume 1109 Page 799 of Deeds Tax I.D.# 19506

Acreage 1.25

Additional Legal Description: CSM 11.4 P. 141 (2013R-550200 1109-799)

Applicant: (State what you are asking for)

Zoning District: R-1

Lakes Classification: 1

Short Term Rental for 3 bedrooms / 6pp. Transferable to new Owner/Buyer closing to be mid January.

We, the Town Board, **TOWN OF** Iron River, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

**** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:**

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman: [Signature]

Supervisor: [Signature]

Supervisor: [Signature]

Supervisor: [Signature]

Clerk: [Signature]

Date: 1/13/2022

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

Date Zoning Received: (Stamp Here)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 - Washburn, WI 54891
Phone - (715) 373-6138
Fax - (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Tiffany N Rowoldt Contractor _____
Property Address ~~1846~~ 7720 Spidee Lk Rd Authorized Agent Karl Kastrosky
Iron River, WI 54847 Agent's Telephone 715-580-0157
Telephone 312-498-9976 Written Authorization Attached: Yes (X) No ()

Accurate Legal Description involved in this request (specify only the property involved with this application)

SW 1/4 of NW 1/4, Section 19, Township 47 N., Range 8 W. Town of Iron River
Govt. Lot 223 Lot 1011 Block _____ Subdivision _____ CSM# 567 ^{Lot 1}

Volume 1109 Page 799 of Deeds Tax I.D.# 19506 Acreage 1.25

Additional Legal Description: CSM U.4 P. 141 (2013R-550200 1109-799)

Applicant: (State what you are asking for) Zoning District: R-1 Lakes Classification 1
Short Term Rental for 3 bedrooms / 6 pp. Transferable to
new Owner / Buyer closing to be mid January.

We, the Town Board, TOWN OF _____, do hereby recommend to

☐ Table

☐ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department not a copy or fax

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Signed:

Chairman: _____

Supervisor: _____

Supervisor: _____

Supervisor: _____

Clerk: _____

Date: _____

Revised: August 2018

u/forms/townboardrecommendation-ClassA

ONE WATSON
415 WARREN ST.
MANKATO, MN.
56001

SW, NW, 19, 47, 8W
IRON RIVER TWP.
BAYFIELD CO. WI.

A VRP 100' @ SIDING OF
OUTHOUSE

SOIL BORING

ELEV. @ BL 94.30'

B2 - 93.95'

B3 - 95.20'

B4 - 96.60'

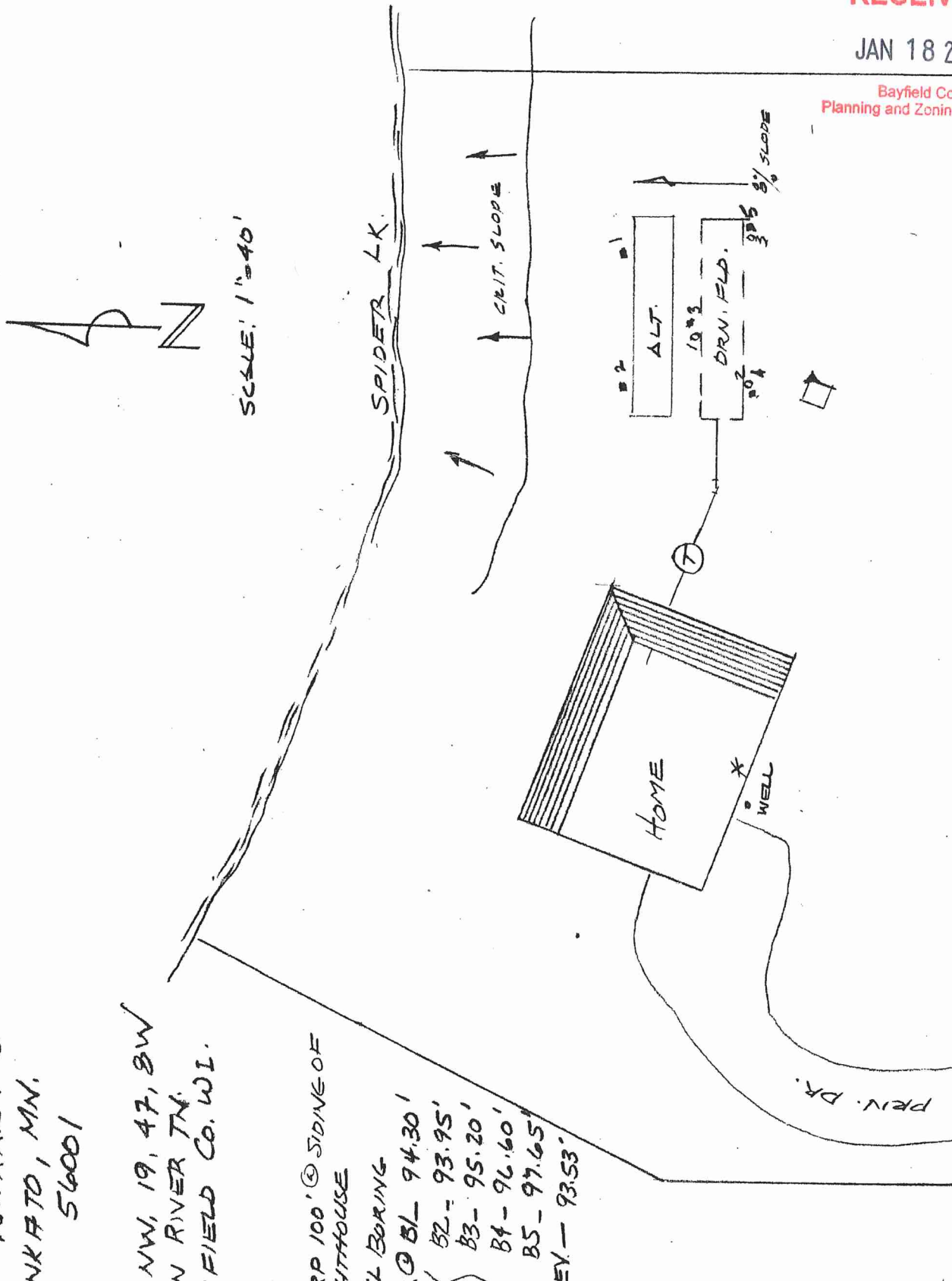
B5 - 97.65'

SYS. ELEV. - 93.53'

RECEIVED

JAN 18 2022

Bayfield Co.
Planning and Zoning Agency



— 4 — SPIDER LK. RD. — 4 —

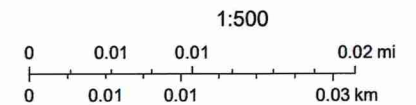
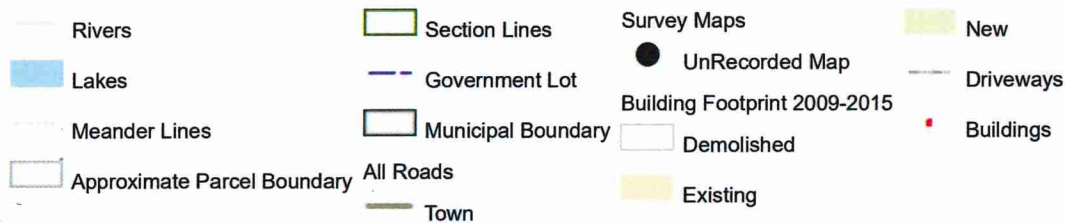
RECEIVED

JAN 18 2022

Bayfield County, WI



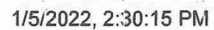
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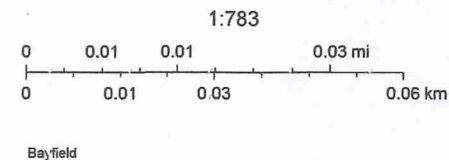
Bayfield

JAN 18 2022

Bayfield County, WI



-  Override 1
  Section Lines
  Existing
- Rivers
 Government Lot
 UnRecorded Map
-  Lakes
  Municipal Boundary
  Recorded Map
-  Meander Lines
  All Roads
  Building Footprint 2009-2015
-  Approximate Parcel Boundary
 Town
  Demolished
-  Existing
  New
 Driveways
-  Buildings



REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115) [#] 2853

SAFETY & BUILDINGS
DIVISION
P.O. BOX 7969
MADISON, WI 53707

Bayfield Co.
Planning and Zoning Agency

JAN 18 2022

RECEIVED

LOCATION: (507) 345-3148 SECTION: 19/T41N/R8E (or W) TOWNSHIP/MUNICIPALITY: IRON RIVER LOT NO.: 10 & 11 BLK. NO.: - SUBDIVISION NAME: -
COUNTY: Bayfield Jane Watson MAILING ADDRESS: 415 WARREN ST., MANLY, MN. 56001
USE: ☒ Residence NO. BEDRMS.: 3 COMMERCIAL DESCRIPTION: NA ☒ New ☐ Replace DATES OBSERVATIONS MADE: 6-15-91 6-15-91
PROFILE DESCRIPTIONS: PERCOLATION TESTS: 6-15-91 6-15-91

RATING: S= Site suitable for system U= Site unsuitable for system
CONVENTIONAL: ☒ S ☐ U MOUND: ☒ S ☐ U IN-GROUND-PRESSURE: ☒ S ☐ U SYSTEM-IN-FILL: ☒ S ☐ U HOLDING TANK: ☐ S ☒ U RECOMMENDED SYSTEM: (optional) CONV.

If Percolation Tests are NOT required under s. ILHR 83.09(5)(b), indicate: DESIGN RATE: 1.2 If any portion of the tested area is in the Floodplain, indicate Floodplain elevation: NA

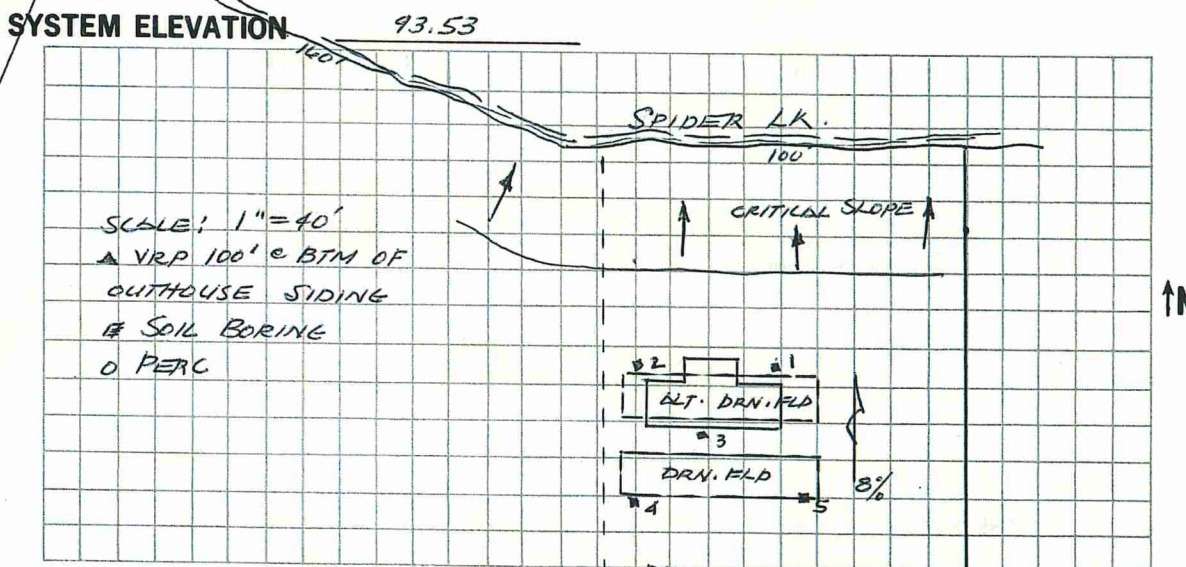
PROFILE DESCRIPTIONS

| BORING NUMBER | TOTAL DEPTH IN. | ELEVATION | DEPTH TO GROUNDWATER-INCHES OBSERVED | EST. HIGHEST | CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.) |
|---------------|-----------------|-----------|--------------------------------------|--------------|--|
| B-1 | 66 | 94.30' | NO | > 66 | 0-4 B/sl, 4-17 Bns, 17-22 Bns, 22-60 Bn cs, gravel 60-66 Bn cs, |
| B-2 | 66 | 93.95' | | > 66 | 0-8 B/sl, 8-15 Bns, 15-22 Bns, 22-54 Bn med.s, 54-66 Bns, gravel |
| B-3 | 72 | 95.20' | | > 72 | 0-6 B/sl, 6-18 Bns, 18-28 Bns, 28-34 Bns, 34-54 Bns, gravel, 54-72 Bns, gr, cob. |
| B-4 | 78 | 96.40' | | > 78 | 0-6 B/sl, 6-17 Bns, 17-37 GY-Bns, 37-74 Bns, gr, cob. 74-78 Bn med-cs |
| B-5 | 84 | 97.65' | | > 84 | 0-5 B/sl, 5-20 Bns, 20-34 Bns, 34-78 Bns, gravel, cob. 78-84 Bns, |
| B- | | | | | |

PERCOLATION TESTS

| TEST NUMBER | DEPTH INCHES | WATER IN HOLE AFTER SWELLING | TEST TIME INTERVAL-MIN. | DROP IN WATER LEVEL-INCHES | | | RATE MINUTES PER INCH |
|-------------|--------------|------------------------------|-------------------------|----------------------------|----------|----------|-----------------------|
| | | | | PERIOD 1 | PERIOD 2 | PERIOD 3 | |
| P-1 | 20 | NO | 10 | 2 3/4 | 2 1/8 | 2 1/8 | 4.71 |
| P-2 | 38 | | 10 | 4 1/4 | 4 | - | 2.5 |
| P-3 | 78 | | 2 | 6 | 6 | - | 4.00 |
| P- | | | | | | | |
| P- | | | | | | | |
| P- | | | | | | | |

PLOT PLAN: Show locations of percolation tests, soil borings and the dimensions of suitable soil areas. Indicate scale or distances. Describe what are the horizontal and vertical elevation reference points and show their location on the plot plan. Show the surface elevation at all borings and the direction and percent of land slope.



I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the procedures and methods specified in the Wisconsin Administrative Code, and that the data recorded and the location of the tests are correct to the best of my knowledge and belief.

NAME (print): DENNIS RASMUSSEN TESTS WERE COMPLETED ON: 6-15-91
ADDRESS: RT. 1, Box 16, CABLE, WI 54821 CERTIFICATION NUMBER: 438 PHONE NUMBER (optional): (915) 798-3704
CST SIGNATURE: Dennis Rasmussen

DISTRIBUTION: Original and one copy to Local Authority, Property Owner and Soil Tester.

DILHR-SBD-6395 (R. 10/83)

- OVER -

SPIDER LK. RD.
20.0 Pd/8.3.

RECEIVED

Tues 7/13/93 1:00pm

JAN 18 2022

Wisconsin Department Of Industry,
Labor and Human Relations
P.O. Box 7969
Madison, WI 53707

ON SITE SEWAGE SYSTEM INSPECTION REPORT

County: BAYFIELD

Safety & Buildings Div.
Bayfield Co.
Planning and Zoning Agency

☒ CONVENTIONAL ☐ AT-GRADE ☐ IN-GROUND PRESSURE ☐ MOUND ☐ HOLDING TANK
☐ EXPERIMENTAL ☒ NEW ☐ REPLACEMENT ☐ RECONNECTION ☐ OTHER (SPECIFY)

| | | |
|--|--|--|
| Permit Holder's Name: <u>WATSON, JANE</u> | Permit Holder's Address: <u>415 Warren St. Mankato, MN. 56001</u> | Inspection Date: <u>7-13-93</u> |
| Bench Mark, Describe If Different From Plan: | Parcel Tax I.D. No. (Optional) | Ref. Pt. Elev.: <u>Same</u> |
| Plumber's Name: <u>ANDRY Rasmussen</u> | MP/MPSRW No.: <u>3938</u> | CST Ref. Pt. Elev.: <u>100</u> |
| | State Plan ID No. (If Assigned): | Sanitary Permit Number: <u>163883</u> |

SEPTIC TANK/HOLDING TANK:

| | | | | | |
|---|---------------------------------|-----------------------------------|--|--|--|
| Manufacturer: <u>Rasmussen</u> | Liquid Capacity: <u>1000</u> | Tank Inlet Elev.: <u>93.67</u> | Tank Outlet Elev.: <u>93.05</u> | Warning Label Provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Locking Cover Provided: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Bedding: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Vent Dia.: <u>4"</u> | Vent Mat'l.: <u>C.I.</u> | High Water Alarm: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NUMBER OF FEET FROM NEAREST → <u>100'</u> | Road: <u>70'</u> Property Line: <u>100'</u> Well: <u>30'</u> Building: <u>—</u> Air Vent: <u>—</u> |

DOSING CHAMBER:

| | | | | | | | |
|--|---|--|----------------|---------------------------|--|--|--|
| Manufacturer: | Bedding: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Liquid Capacity: | Pump Model: | Pump/Siphon Manufacturer: | High Water Alarm: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Warning Label Provided: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Locking Cover Provided: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gallons Per Cycle: (difference between pump on and off) | Pump and Controls Operational: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NUMBER OF FEET FROM NEAREST → <u>100'</u> | Property Line: | Well: | Building: | Air Vent: | |
| VENT | Vent Installed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Vent Diameter: | Vent Material: | FORCE MAIN | Length: | Diameter: | Material and Marking: |

SOIL ABSORPTION SYSTEM. Check the soil moisture at the depth of plowing or excavation. (If soil can be rolled into a wire, construction shall cease until the soil is dry enough to continue.)

DISTRIBUTION SYSTEM:

| | | | | | | | | | |
|--|---------------------|------------------------------|---|---|---|---|---|-----------|---------------|
| BED/TRENCH DIMENSIONS | Width: <u>12</u> | Length: <u>60</u> | No. Trenches: <u>—</u> | Lateral Spacing: <u>6"</u> | Cover Material: <u>7424L</u> | PIT | Inside Dia: | No. Pits: | Liquid Depth: |
| Gravel Below Pipes | Fill Above Pipe: | Inlet Elev.: <u>92.86</u> | End Elev.: <u>11.02</u> | Pipe Material: <u>303 #10</u> | No. Distr. Pipes: <u>2</u> | NUMBER OF FEET FROM NEAREST → <u>62'</u> | Property Line: | Well: | Building: |
| ELEVATION AND DISTRIBUTION INFORMATION | Manifold Elev.: | Manifold Dia.: | Manifold Material: | No. Distr. Pipes: | Distr. Pipe Dia.: | | | | |
| | Hole Size: | Hole Spacing: | Drilled Correctly: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Permanent Markers: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Observation Wells: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pump Elev.: | Vertical Lift Corresponds To Approved Plans: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

MOUND SYSTEM:

| | | |
|---|--|---|
| Mound site plowed perpendicular to slope and furrows thrown on slope <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Check the texture of the fill material for mound systems to make certain that it meets the criteria for medium sand. | PROVIDE A DIAGRAM OF SYSTEM ON REVERSE SIDE. SHOW ELEVATIONS MEASURED. |
| SOIL COVER | Texture: | Permanent Markers: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Depth Over Trench Bed Center: | Depth Over Trench Bed Edges: | Observation Wells: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Depths Of Topsoil: | Sodded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Seeded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Mulched: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

COMMENTS: (Sketch System On Reverse Side)

B.M. 3.05

outlet tank - 10.0
inlet - 9.38
System 11.02 - 92.03

on site Gary Fremont
A. Masen
Dennis Rasmussen

Signature: Dennis B. Rasmussen
(Keep a copy in your file for audit)

Title: A.2.A.

JAN 18 2022



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY Bayfield Co.
Planning and Zoning Agency
BAFFIELD
STATE SANITARY PERMIT #
163883
☐ Check if revision to previous application
STATE PLAN I.D. NUMBER

-Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.

-See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

| | | | | | |
|---|--------------------------|---------------------------------------|---|--|--|
| PROPERTY OWNER <u>JANE WATSON</u> | | | PROPERTY LOCATION <u>SW 1/4 NW 1/4, S 19 T 47, N, R 8 (or) W</u> | | |
| PROPERTY OWNER'S MAILING ADDRESS <u>415 WARREN ST.</u> | | | LOT # <u>10 & 11</u> | | BLOCK # |
| CITY, STATE <u>MANKATO, MN.</u> | ZIP CODE <u>56001</u> | PHONE NUMBER <u>(507) 345-3148</u> | SUBDIVISION NAME OR CSM NUMBER | | |
| II. TYPE OF BUILDING: (Check one) <input type="checkbox"/> State Owned <input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Fam. Dwelling - # of bedrooms <u>3</u> | | | <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF: <u>Iron River</u> | | NEAREST ROAD <u>Spider Lake Rd.</u> |
| III. BUILDING USE: (If building type is public, check all that apply) | | | PARCEL TAX NUMBER(S) | | |

| | | |
|--|--|---|
| 1 <input type="checkbox"/> Apt/Condo | 6 <input type="checkbox"/> Medical Facility/Nursing Home | 10 <input type="checkbox"/> Outdoor Recreational Facility |
| 2 <input type="checkbox"/> Assembly Hall | 7 <input type="checkbox"/> Merchandise: Sales/Repairs | 11 <input type="checkbox"/> Restaurant/Bar/Dining |
| 3 <input type="checkbox"/> Campground | 8 <input type="checkbox"/> Mobile Home Park | 12 <input type="checkbox"/> Service Station/Car Wash |
| 4 <input type="checkbox"/> Church/School | 9 <input type="checkbox"/> Office/Factory | 13 <input type="checkbox"/> Other: Specify _____ |
| 5 <input type="checkbox"/> Hotel/Motel | | |

IV. TYPE OF PERMIT: (Check only one in line A. Check line B if applicable)

A) 1. ☒ New System 2. ☐ Replacement System 3. ☐ Replacement of Tank Only 4. ☐ Reconnection of Existing System 5. ☐ Repair of an Existing System

B) ☐ A Sanitary Permit was previously issued. Permit # _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

| | | | |
|--|--|--|--|
| Non-Pressurized Distribution | Pressurized Distribution | Experimental | Other |
| 11 <input checked="" type="checkbox"/> Seepage Bed | 21 <input type="checkbox"/> Mound | 30 <input type="checkbox"/> Specify Type _____ | 41 <input type="checkbox"/> Holding Tank |
| 12 <input type="checkbox"/> Seepage Trench | 22 <input type="checkbox"/> In-Ground Pressure | | 42 <input type="checkbox"/> Pit Privy |
| 13 <input type="checkbox"/> Seepage Pit | | | 43 <input type="checkbox"/> Vault Privy |
| 14 <input type="checkbox"/> System-In-Fill | | | |

VI. ABSORPTION SYSTEM INFORMATION:

| | | | | | | |
|----------------------------------|--|--|--|---|--------------------------------------|--|
| 1. GALLONS PER DAY <u>450</u> | 2. ABSORP. AREA REQUIRED (sq. ft.) <u>720</u> | 3. ABSORP. AREA PROPOSED (sq. ft.) <u>720</u> | 4. LOADING RATE (Gals/day/sq. ft.) <u><1.0</u> | 5. PERC. RATE (Min./inch) <u><1.0</u> | 6. SYSTEM ELEV. Feet <u>93.53</u> | 7. FINAL GRADE ELEVATION Feet <u>97</u> |
|----------------------------------|--|--|--|---|--------------------------------------|--|

VII. TANK INFORMATION

| CAPACITY in gallons | Total Gallons | # of Tanks | Manufacturer's Name | Prefab. Concrete | Site Constructed | Steel | Fiber-glass | Plastic | Exper. App. |
|-------------------------------|---------------|-------------|---------------------|--------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | | | | | |
| Septic Tank or Holding Tank | <u>X</u> | <u>1000</u> | <u>1</u> | <u>RASMUSSEN'S</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lift Pump Tank/Siphon Chamber | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

| | | | |
|---|---|-----------------------------|---|
| Plumber's Name (Print): <u>ANDRY RASMUSSEN</u> | Plumber's Signature (No Stamps) <u>Andry Rasmussen</u> | MP/MPSW No.: <u>3938</u> | Business Phone Number: <u>(715) 798-3355</u> |
| Plumber's Address (Street, City, State, Zip Code): <u>P.O. Box 66, Cable, WI 54821</u> | | | |

IX. COUNTY/DEPARTMENT USE ONLY

| | | | | |
|--|--|--|-------------------------------|--|
| <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial <input type="checkbox"/> Adverse Determination | Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <u>100.00 Pd/1-3</u> | Date Issued <u>7-16-91</u> | Issuing Agent Signature (No Stamps) <u>DAVID K. LEE/B-2</u> |
|--|--|--|-------------------------------|--|

X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:



Karl Kastrosky
Land Development & Zoning Consultant

14295 McNaught Rd. Cable, WI 54821

715-580-0157

Kastrosky821@gmail.com

To Whom it may concern,

I hereby authorize **Karl Kastrosky** to act as my agent to procure permits and
access information pertaining to my property at 7720 Spider Lake Road
in the Town of Iron River County of Bayfield

[Signature]

Signature

2-7-02

Date

My contact information is:

Address: 1326 Osprey Ridge Loop, Lago Vista TX

Phone: 612-812-4401

78645

Email: ENICK.ROWE@gmail.com

WARRANTY DEED

This deed, made between **Tiffany N. Johnson a/k/a Tiffany N. Rowoldt, Individually and as Trustee of the Tiffany N. Rowoldt Trust dated November 1, 2002, and any amendments thereto**, Grantor, and

Erick M. Rowe, Grantee,

Witnesseth, That the said Grantor, for a valuable consideration conveys to Grantee the following described real estate in **Bayfield** County, State of Wisconsin:

As Described in Attached Addendum/Exhibit A

Parcel No. 04-024-2-47-08-19-1 05-003-01000

By executing this deed, Tiffany N. Johnson certifies that she is the current, duly qualified and acting Trustee of the Tiffany N. Johnson Trust dated November 1, 2002, and any amendments thereto.

Return to:

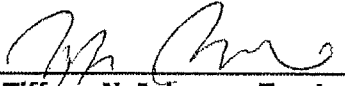
Erick M. Rowe
1326 Osprey Ridge Loop
Lago Vista, TX 78645
File No. 216057

This is not homestead property.

Together with all and singular the hereditaments and appurtenances thereunto belonging; And the said grantor warrants that the title is good, indefeasible in fee simple and free and clear of encumbrances except exceptions, reservations, easements and restrictions of record, and will warrant and defend the same.

Dated this 18th day of January, 2022.

Tiffany N. Rowoldt Trust dated November 1, 2002

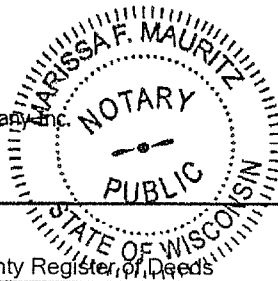

By: **Tiffany N. Johnson, Trustee**

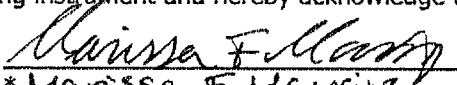

Tiffany N. Johnson, Individually

State of Wisconsin)
) S.S.
Ashland County)

Personally came before me this 18th day of January, 2022, the above named **Tiffany N. Johnson** to me known to be the person(s) who executed the foregoing instrument and hereby acknowledge the same.

This instrument drafted by:
Michael S. Brandner
Gowey Abstract & Title Company, Inc.




* **Marissa F. Mauritz**
Notary Public, State of Wisconsin
My Commission Expires: 01/22/2024

DANIEL J. HEFFNER
BAYFIELD COUNTY, WI
REGISTER OF DEEDS
2022R-593101
01/21/2022 12:56PM
TF EXEMPT #:
RECORDING FEE: \$30.00
TRANSFER FEE: \$2,355.00
PAGES: 2

File Number: **216057**

ADDENDUM/EXHIBIT A

Lot One (1) of Certified Survey Map No. 567 as recorded in Volume 4 of Surveys on Page 141, as Document No. 366020, located in and being part of Government Lots Two (2) and Three (3), Section Nineteen (19), Township Forty-seven (47) North, Range Eight (8) West, Town of Iron River, Bayfield County, Wisconsin; **AND**

A parcel of land located in Government Lot Three (3), Section Nineteen (19), Township Forty-seven (47) North, Range Eight (8) West, Town of Iron River, Bayfield County, Wisconsin, more particularly described as follows: Commencing at the quarter section corner between Section 19 and 20; thence North on section line 25 feet to an iron pipe; thence Westerly parallel to and 25 feet distant from the East and West quarter line, 900 feet to the Place of Beginning, marked by an iron pipe; thence Northerly at right angles to aforesaid East and West quarter line 140 feet to an iron pipe on the bank of lake; thence Westerly along the bank of lake to an iron pipe 1003.5 feet West of East section line; thence Southerly at right angles to East and West quarter line 152 feet to a point 25 feet North of quarter line and marked by an iron pipe; thence Easterly parallel to and 25 feet distant from the aforesaid East and West quarter line, 100 feet to the Place of Beginning; being a strip of land 100 feet wide extending from the quarter line town road on the South to the shore of Spider Lake on the North.

Real Estate Bayfield County Property Listing

Today's Date: 2/15/2022

Property Status: Current

Created On: 3/15/2006 1:15:33 PM

 Description

Updated: 7/18/2013

Tax ID: 19506
PIN: 04-024-2-47-08-19-1 05-003-01000
Legacy PIN: 024104805010
Map ID:
Municipality: (024) TOWN OF IRON RIVER
STR: S19 T47N R08W
Description: LOT 1 CSM #567 V.4 P.141 (LOCATED IN GOVT LOTS 2 & 3) & PAR IN GOVT LOT 3 IN V.1109 P.799 (TIFFANY N ROWOLDT TRUST DTD 11/01/2002)
Recorded Acres: 1.250
Calculated Acres: 1.282
Lottery Claims: 0
First Dollar: Yes
Zoning: (R-1) Residential-1
ESN: 118

 Tax Districts

Updated: 3/15/2006

1 STATE
 04 COUNTY
 024 TOWN OF IRON RIVER
 163297 SCHL-MAPLE
 001700 TECHNICAL COLLEGE

 Recorded Documents

Updated: 10/13/2009

 WARRANTY DEED

Date Recorded: 6/27/2013 2013R-550200 1109-799

 QUIT CLAIM DEED

Date Recorded: 10/8/2009 2009R-529180 1027-340

 CONVERSION

Date Recorded: 3/15/2006 491122 457-154;837-902+;890-398

 WARRANTY DEED

Date Recorded: 5/5/2004 2004R-491122 890-398

 Ownership

Updated: 7/18/2013

TIFFANY N ROWOLDT TRUSTEE

CHICAGO IL

Billing Address:

TIFFANY N ROWOLDT TRUSTEE

1846 N LINCOLN AVE
CHICAGO IL 60610Mailing Address:

TIFFANY N ROWOLDT TRUSTEE

1846 N LINCOLN AVE
CHICAGO IL 60610

Site Address * indicates Private Road

7720 SPIDER LAKE RD

IRON RIVER 54847



Property Assessment

Updated: 8/2/2012

2022 Assessment Detail

| Code | Acres | Land | Imp. |
|----------------|-------|---------|---------|
| G1-RESIDENTIAL | 1.250 | 111,700 | 374,600 |

2-Year Comparison

| | 2021 | 2022 | Change |
|-----------|---------|---------|--------|
| Land: | 111,700 | 111,700 | 0.0% |
| Improved: | 374,600 | 374,600 | 0.0% |
| Total: | 486,300 | 486,300 | 0.0% |



Property History

N/A

Not updated yet. See attached deed.

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X (Shoreland)**

SANITARY – 91-163883 (3 bedroom)

SIGN –

SPECIAL – **X (Town of Iron River-1/18/2022)**

CONDITIONAL –

BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0022** Issued To: **Erick Rowe**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **19** Township **47** N. Range **8** W. Town of **Iron River**

Par in

Gov't Lot **3** Lot **1** Block Subdivision CSM# **567**

Residential

(1-Unit) Short-Term Rental

For: **Other: [1-Story + Loft], Existing Residence (70' x 63') = 4,410 sq. ft. Height of 18'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must obtain a Tourist Room Housing License from the Bayfield County Health Dept. prior to renting. Rental allowed for 3-bedrooms based upon existing septic system sizing. Check with Town regarding room tax.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

February 16, 2022

Date